



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

1/15/2015

Stephanie Carter
1814 Hollywood Court
Iowa city IA 52240

Dear Stephanie,

This letter is in regards to the compliance check of your Level B, Registered Child Development Home completed on 12/3/14. Iowa Code Chapter 237A and 441 Iowa Administrative Code, Chapter 110, describes specific requirements that must be met by a Registered Child Development Home. The following areas were out of compliance at the time of my visit:

☐ 110.5(1)b All medicines and poisonous, toxic, or otherwise unsafe materials are secured from access by a child.

You had medications, poisonous, toxic or otherwise unsafe materials within access of children. These need to be in a location with secured access from children. You had installed child safety latches for both your kitchen and bathroom. They both were broken and needed to be replaced or all dangerous or hazardous materials needed to be removed from their and placed elsewhere. You also should put a child safety latch on the level in closet where the medications are.

☒ 110.5(1)e All accessible electrical outlets are safely capped. **Needed caps on outlets in the following locations: Living room and playroom. You are able to them while I was there. All outlets should be capped every day to ensure child safety.**

☐ 110.5(1)j Emergency and disaster plans for fire and tornado are written and posted by primary and secondary exits. **Need at your primary and secondary exits. These need to be up and left up. They need the evacuation routes on them, including an outdoor meeting spot for fire.**

☐ 110.5(1)j The plans shall clearly map building evacuation routes in case of fire, a safe place indoors in case of tornado, and flood shelter areas. **They need the evacuation routes on them, using a clear map and including an outdoor meeting spot for fire.**

☐ 110.5(1)p Children under the age of one year are placed on their backs for sleeping unless otherwise authorized in writing by a physician.

Item “p” addresses the need to place a child under the age of 1 on their back when you lay them down to nap. If they roll over you do not have to reposition them but they must start on their back. This also means if they fall asleep in a swing or car seat they should be removed and placed on their back for their sleep time. They also should not have items in the bed with them. The only way you can not start a child on their back sleeping is if there is a doctor order.

Provider states she has been sleeping her relative child in her bed with her. We discussed that practice needs to discontinue immediately. She needs to develop an approved sleep system for their child.

☐ 110.5(2) A provider file is maintained and contains:

☐ 110.5(2)a A physician's signed **statement of health and immunization status** on the provider and all members of the household who may be present when children are in the home. Statements must be obtained at the time of initial registration and updated every three years. **Need and on the new form for the provider.**

110.5(2)b Certificates or training verification documentation for:

☐ 110.5(2)b During the first year of registration – 12 hours of approved training. At least six hours shall be in a group setting. Two of the twelve hours must be health and safety training. A specific training shall not be used to meet requirements more than one time every five years. **Provider has 8 training hours since 3 – 1 – 14 but needs 12 hours for the year. The 4.5 hour she took during the month of February 2014 will not count as they are not in the required year for training and are not one of the courses that can overlap in training hours.**

☐ 110.5(2)b During the second year of registration and each succeeding year, twelve hours of approved training. At least six hours shall be in a group setting. If the provider has documentation of completing the ChildNet, PITC, or Beyond Business Basics series, these hours may be used to fulfill two year's training requirements, not including first aid/CPR and mandatory reporter training. A specific training shall not be used to meet requirements more than one time every five years. . **Has 0 training hours need 12 hours for the year. Provider states she will start some online training and look for other trainings to meet her requirements.**

110.5(8) Children's Files

110.5(8) An individual file is maintained for each child and **updated annually or when there are changes**. Each file contains: **The children's files must be updated annually with the emergency medical authorization completed yearly. If the parent wants to review, edit and re-sign and date the intake and emergency medical authorization instead of completing a new form that is ok. I suggest you pick a date, such as the first of the year, beginning of school, your birthday or anniversary, Valentine's Day, etc. On that date I suggest you double check for a current physical form and immunizations (if there were any updates) and have the parents redo or re-sign the emergency medical and intake information.**

☐ 110.5(8)a Identifying information including, at a minimum, the child's name, birth date, parent's name, address, telephone number, special needs of the child and the parent's work address and telephone number. **Need for JH who is not a sibling to the other JH in your home, DC, DW and TA. Also need for TH and LH who are drop in care. Need an update on AP and AP. Basically you need a current document listing all these items for all children in your care and should do this every year.**

☐ 110.5(8)b Emergency information including where the parent can be reached, the name, street address, city and telephone of the child's regular doctor, and the name number, telephone number, and relationship to the child of another adult available in case of emergency. **Need for JH who is not a sibling to the other JH in your home, DC, DW and TA. Also need for TH and LH who are drop in care. Need an update on AP and AP. Basically you need a current document listing all these items for all children in your care and should do this every year.**

☐ 110.5(8)c A signed medical consent from the parent authorizing emergency treatment. . **Need for JH who is not a sibling to the other JH in your home, DC, DW and TA. Also need for TH and LH who are drop in care. Need an update on AP and AP. Basically you need a current document listing all these items for all children in your care and should do this every year.**

☐ 110.5(8)d For infants and preschoolers: An admission physical examination, on the first day of attendance, including past health history, status of present health, allergies and restrictive conditions, and recommendations for continued care when necessary. The date of the exam is not more than 12 months before the child's first day of attendance. **Need for: need for all but JH and PC.**

☐ 110.5(8)d For school-aged children: On the first day of attendance, a statement of health status signed by the parent or legal guardian. **Need for: all school-age children.**

☐ 110.5(8)e For infants and preschoolers: A statement of health signed by a physician submitted annually. **Need for: PC.**

☐ 110.5(8)e For school aged children: An annual statement of health condition signed by the parent or legal guardian, annually from date of admission physical. **Need for: all school-age children.**

☐ 110.5(8)f A list signed by the parent which names persons authorized to pick up the child, their telephone number, and relationship to the child. **Need for: all but the 2 APs.**

☐ 110.5(8)g A signed and dated immunization certificate provided by the state department of public health. **Need for: all children but the 2-year-old who has a sibling in the program name JH.**

☐ 110.5(8)h For each school-age child, record of a physical exam completed at the time of school enrollment or since. **Need for: all school-age children.**

☐ 110.9(3)c Minimum of two direct exits to the outside from the main floor.

The exit into the garage is not considered a direct exit since there is not a door besides the garage door to exit. Some of your options would be to make one of the bedroom windows your second exit, but they would need permanent steps (this means steps that would remain in place. They do not have to be attached to the wall or foundation) leading up to the window both inside and outside of the home. Another option would be to obtain and install a battery back up to the garage door opener so it could be lifted in the event of a power failure easily by a child.

☐ 110.9(3)c All exits terminate at grade level with permanent steps.
See explanation above.

Non-compliance with any of the mandated regulatory requirements listed above may lead to the cancellation or revocation of your Child Development Home Registration. **Please take whatever steps are necessary to completely address each of the violations noted above. It is essential you correct all above-mentioned violations within the next 45 days.**

☒ Based on the items out of compliance listed above, a recheck or follow up visit to your home is not necessary. However, it is essential you provide documentation to the Department that certifies you have corrected each of the identified regulatory violations and are now in complete compliance with all Departmental regulatory mandates. **Please check mark each of the boxes listed above when the necessary corrections have been completed. By doing so,**

you certify that you have completed all of the mandated regulatory requirements contained within each identified section.

I certify that I have taken all of the steps necessary to correct each of the identified violations noted above and am now in complete compliance with all of the Departmental mandated regulatory rules.

Please sign and date below, and return this form in the provided envelope by: 45 days of receipt.

X _____
Signature Date

Please do not hesitate to contact me at DHS at 319-892-6826 if you have any questions regarding this letter.

Sincerely,

Lisa Wesbrook
Social Worker II

Irene Holzwarth
Social Work Supervisor

Always Remember:

Child Care Resource and Referral is an excellent resource for providers to access training options and support in your area. You can reach Child Care Resource and Referral at 866-324-3236.

As you plan your future trainings to meet your 24 hours of training requirement, please remember that you need to use only DHS approved training and only 12 hours can be by self-study. You can access the approved training by going to http://dhs.iowa.gov/sites/default/files/CC_Professional_Development.pdf and you can sign up for training at <http://ccmis.dhs.state.ia.us/trainingregistry/>

All providers need to maintain compliance with rules set out in Iowa Administrative Code, Chapter 110, which includes: 441 IAC 110.5(1): Check with the appropriate authorities to determine how the following local, state, or federal laws apply to you: • Zoning code • Building code • Fire code • Business license • State and federal income tax • Unemployment insurance • Worker's Compensation • Minimum wage and hour requirements • OSHA • Americans with Disabilities Act (ADA).